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Dissertation on purpura hemorrhagica

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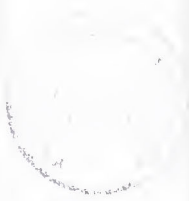
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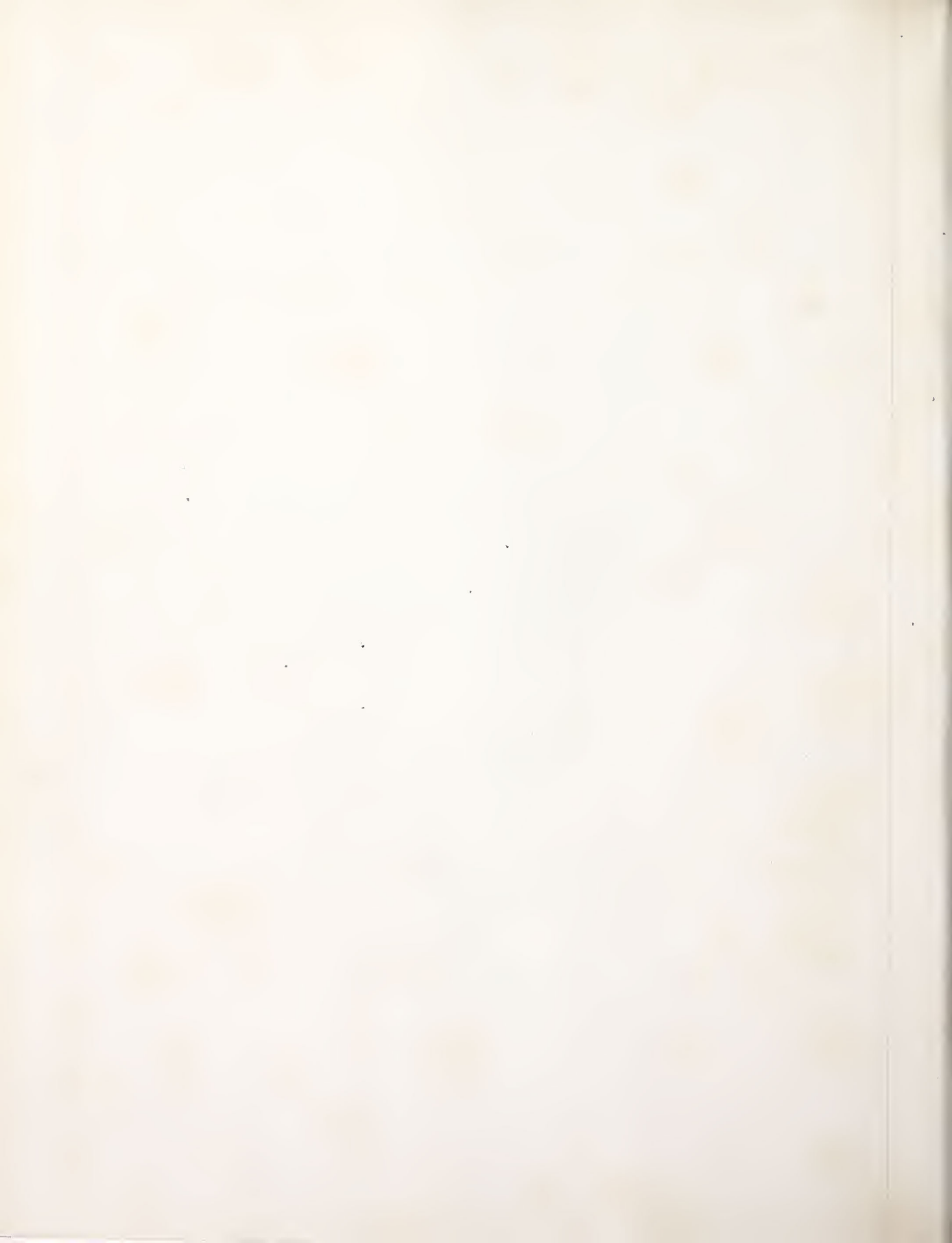
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Purpura Hemorrhagica is a disease of the circulatory system, though classed by some writers, Melian among the number, with diseases of the skin. We are told that its pathology is obscure, and that the principles which should govern its treatment are, by no means, well established.

It is not a cutaneous disorder, much less an exanthem, There is no eruption in the proper sense of the word; the discoloration is by ecchymosis; the spots are not confined to the skin, nor to the sub-cutaneous tissue, but are found upon all the mucous surfaces; upon the pleura, the pericardium, the peritoneal investment of the intestines, the membranes of the encephalon, the sheaths of the great nerves, and even within the substance of the muscles. The discoloration is not the disease, but merely its consequence, and affords a valuable diagnostic symptom

Symptoms, Great lassitude, faintness, and

pains in the limbs, frequently precedes the attack, rendering the patient incapable of any exertion, but not unfrequently its access is sudden. In either case there is general prostration with great depression of spirits, and the pulse is frequent and feeble. Sometimes, it is said, this state is attended with slight febrile symptoms recurring like paroxysms of hectic. There may be persistent vomiting attended with diarrhoea; or the bowels may be constipated; or they may be in a normal condition, and the vomiting may be entirely absent.

Goldie, (Cyc. Prac. Med. Vol. 3rd. Pp 763,) says that cases are on record, in which the febrile symptoms, and those indicative of internal affections of a congestive and inflammatory kind were very prominent, but I am inclined to believe with Rayer, that they were an accidental complication, and that in such cases only the disease pre-

sents the characteristics of an active hemorrhage. Pelizian states that there is a febrile form which is epidemic.

In a period of time from the commencement of the attack, varying from twenty four to forty eight hours diffused livid spots appear upon the thighs, the abdomen, and sometimes upon other parts of the body. These do not disappear on pressure. Like a recent bruise they change from purple to blue, and from blue to a greenish yellow before they disappear. The lining membrane of the lips, the cheeks, and sometimes of the tonsils is covered with dark colored spots; the gums are spongy and disposed to bleed and not infrequently show upon their surfaces black bleeding fungi which extend to the roof of the mouth. With this there may be hemorrhage from any of the great viscera of the body. The local hemorrhages when checked are liable to recur prolonging the disease, and are attended

with successive crops of the patches. Finally the patient is reduced to the last degree of debility, dropsical effusions take place in the lower extremities, and a bloody diarrhoea that can not be controlled not unfrequently sets in.

It would seem from the above that the diagnosis could hardly be difficult, yet the disease is often mistaken for the symptoms are in many cases obscure.

The stigmata may be few in number and so escape the eye of the practitioner, or not suspecting the nature of the disease he may not examine the surface of the body. They are seldom however entirely absent, yet hemorrhages from the different viscera may precede them. Then there may be no bleeding from either the lungs, nose, stomach, or bowels, although the gums will usually, not always, be found spongy and disposed to bleed. There is one diagnostic symptom, mentioned by Professor Charles Hooker

of this Institution which is always present, and that is a peculiar expression of the countenance, which he calls "sorrowful". Once seen it can never be forgotten.

It is of the utmost importance to recognize this disease early in children who are passing through the perils of the first dentition, for fatal hemorrhage has been occasioned by lancing the gums during its progress.

Causes. In some instances the hemorrhagic disposition is undoubtedly transmitted, but it can safely be said that the majority of cases are the result of defective nutrition. Indeed most writers agree that it is the result of debilitating causes. Willan gives a case where it resulted from excessive drinking of undiluted spirits; Bateman where it came on during a severe salivation, and Adair where it attacked a religious monomaniac who persisted in living upon bread and water alone. But other observers question the operation of the alledged causes, "for", say they, "it sometimes occurs among the opulent classes,

in persons who are not subject to debilitating influences, and this circumstance tends greatly to obscure the pathology of the disease." That it does occur among the opulent classes admits of no doubt, but that it attacks those who are uninfluenced by debilitating causes may reasonably be questioned.

In all cases of purpura there is an alteration in the composition and vital qualities of the blood. It is impoverished; often thin and watery, and a drop placed upon a piece of cloth presents a red, or pinkish, central stain, surrounded by a margin of colorless liquid. I have myself seen but few cases of Purpura. One was a married lady of some twenty-eight years of age. She had been a most intemperate drinker of water, pouring down on an average several quarts a day. The attack in this case was sudden. There was great nausea, with frequent but ineffectual attempts to vomit, severe burning pain in the epigastric region, great prostration, and profuse bloody dis-

charges from the intestines. A quack was called in; under his treatment she grew rapidly worse, until at last her friends sent for a regular practitioner. At this time vibices and ecchymose were visible upon the extremities; the gums were spongy, the diarrhoea still continued, the countenance was deathly pale, and sorrowful, and the pulse was frequent and feeble. The patient was allowed only small quantities of drink, and those at regular intervals; the diarrhoea was checked by mild means, and in the course of two weeks she was put upon the iron and wine. Her recovery was perfect.

Another case was under the care of a friend of mine, formerly a student in this College. Here the same morbid thirst was present. This was resolutely conquered, and the patient recovered with very little positive treatment. I might mention other and like cases to show that this habit of thirst long indulged is one of the principal causes of this dis-

case.

Post Mortem Appearances. The following have been observed. The meninges of the brain spotted with Ecchymotic maculae; Ecchymoses to a greater or less extent in the convolutions of the brain; Surfaces of the ventricles covered with small Petechiae; the ventricles distended with serum; the vessels of the pia mater turgid with black blood; coagulum pressing upon the brain. The Ecchymoses are also found upon the lungs, in the mucous membrane of the alimentary canal, beneath the folds of the mesentery, and under the peritoneal coverings of the viscera. The heart is sometimes pale and easily torn and contains fluid blood or a pink colored gelatinous coagulum. On dissecting the skin some of the spots are found situated in the rete mucosum, others in the alveoli of the cutis, but the largest have their seat under the skin in the cellular tissue. The smaller contain liquid blood, the larger coagulum.

Diagnosis. The diseases for which this may be mistaken are Scurvy and Typhus fever. The former is so rare at the present day that many eminent medical men have not met with a case during a long practice. The history of the case with its accompanying symptoms determines whether it is Typhus fever or not.

Prognosis. This will vary according to the extent and persistence of the local hemorrhages, and the severity of the attack. When the bleeding is from the gums the prognosis is usually doubtful.

Treatment. The principles which should govern the treatment have already been hinted at in remarks upon the causes. If the patient suffers from inordinate thirst conquer it, if possible. Let the food be nourishing and insist upon its being taken regularly. Control the hemorrhages by appropriate means, and remove as far as may be all disturbing influences.

Bleeding, has been recommended but should never be employed, except in cases of accidental complication which bear a sthenic character.

Cathartics. These are of great utility in removing the watery elements from the blood and in relieving internal congestions. They are contra-indicated when diarrhoea is present.

Astringents, though frequently of no avail should be employed to control the hemorrhages if excessive.

Tonics and Stimulants. The former are valuable after the system has been prepared for their reception by appropriate treatment, and are especially indicated when the hemorrhages have been checked and nothing remains to be done except the cautious building up of the enfeebled structure.

The general stimulants, wine especially, in small quantities, may be given with

decided benefit through the entire course of the disease.

Surpentine has long had a reputation as a remedy in Purpura. It probably acts beneficially as a stimulant, and is also valuable for its hæmostatic virtues.

Dr Samuel J. Hardy of Dublin speaks in the highest terms of the efficacy of bark bark, but the only advantage it possesses over the other Feribinthinatic preparations is probably its palatability. This concludes what I have to say upon Purpura Hemorrhagica. It would be folly in this as in other diseases to rigidly adhere to any preconceived plan of treatment. The circumstances of the case and the symptoms as they present themselves will usually indicate the course to be pursued, and the physician commits an unpardonable error who misled by the name neglects the peculiarities of the case and kills his patient by the blind use of his vaunted specifics.



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